

Please do **NOT** send a return envelope, your license does NOT mail from this office.



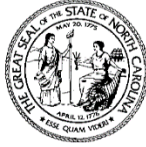
NORTH CAROLINA DIVISION OF MOTOR VEHICLES MOTORCYCLE ENDORSEMENT REQUEST APPLICATION FOR MILITARY PERSONNEL STATIONED ABROAD (Rev 2/2019)

PLEASE FOLLOW ALL INSTRUCTIONS

1. Complete the application in its entirety. (Please Print, Date and Sign each page.) This application must be returned to NCDMV within 60 days.
2. Military personnel and Department of Defense personnel must submit either Military or Department of Defense credentials along with this application. Documents presented must be legible with no appearance of alterations.
 - Current military orders
 - Current military Identification Card (copy of front and back) Current
 - Department of Defense orders
 - Current Department of Defense employment credentials
3. Please send check or money order payable to NCDMV with this application (starter checks not accepted). **DO NOT SEND CASH.**
4. You must provide a permanent North Carolina address.
5. You must provide a temporary out-of-state residence and mailing address.
6. The vision statement must be completed and signed by a Vision Specialist or a Driver License Examiner in the State in which you temporarily reside. Vision exam completion must be within six months of application date.
7. The vision scores must be acceptable numeric, readable acuity.
8. Valid, unexpired immigration documents, if applicable, must be included with this application.
9. **Please be sure to answer the cancellation notice acknowledgement.**
10. Please mail ALL pages of the application to:
NCDMV
Attn: Military/Internet Unit
3176 Mail Service Center
Raleigh, NC 27697-3176

North Carolina Law G.S. 20-30(5). To use a false or fictitious name or give a false or fictitious address in any application for a driver's license or learner's permit, or any renewal or duplicate thereof, or knowingly to make a false statement or knowingly conceal a material fact or otherwise commit a fraud in any such application, or for any person to procure, or knowingly permit or allow another to commit any of the foregoing acts. Any license or learner's permit procured as aforesaid shall be void from the issuance thereof, and any moneys paid therefore shall be forfeited to the State.

WARNING: The use of false or fictitious information in any application for a license or learner permit is a felony violation of state law and may be a violation of federal postal law.



**NORTH CAROLINA DIVISION OF MOTOR VEHICLES MOTORCYCLE
ENDORSEMENT REQUEST APPLICATION
(DL-15B REV. 2/2019)**

All portions of this application must be completed and returned within 60 days. This application will not be processed if received without the cost of the license.

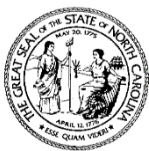
Application Date:		Cost:
Full Name:		
Date of Birth:		
North Carolina License Number:		
Social Security Number:		
Contact Phone:		
Email Address:		
Active Duty Personnel: Yes/No Reserves Personnel: Yes/No Department of Defense: Yes/No		
Branch of Service: _____ Military/DOD Orders Attached: Yes/No		
Military/DOD Dependent: Yes/No Military/DOD Spouse: Yes/No		
TDY Country/Jurisdiction of Location:		
Permanent North Carolina Residence Address: (Required)		
Out of State Residence Address: (Required)		
Out of State Mailing Address: (Required)		

1. A copy of your military orders and military ID must be included with the return of this application before processing can be completed.
2. The cost \$13.00 plus \$2.30 for the motorcycle endorsement for each year remaining on your license. (Example: \$13.00 + \$11.50 for 5 years = \$24.50)
3. Valid, unexpired immigration documents, if applicable, must be included with this application.
4. **Issuance in North Carolina will cancel your out-of-state issuance(s). Do you want to proceed? Yes/No**

Signature: _____ **Date:** _____

Must be dated, signed and returned with application

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**NORTH CAROLINA DIVISION OF MOTOR VEHICLES TEMPORARY
DRIVER LICENSE VISION APPLICATION (REV 03/09)**

ALL QUESTIONS MUST BE COMPLETED BEFORE APPLICATION CAN BE PROCESSED

I hereby authorize Dr. _____ or License Examiner _____ State
of _____ Phone _____ to administer examination(s)
necessary for the purpose of determining my visual fitness to operate a motor vehicle.

1. Diagnosis? _____ Progressive condition? Yes/No

2. Vision Scores must be in Numeric Acuity. Conversion scores not accepted.

Visual Acuity:	<u>Both Eyes</u>	<u>Right Eye</u>	<u>Left Eye</u>
W/Correction	20/ _____	20/ _____	20/ _____
WO/Correction	20/ _____	20/ _____	20/ _____

3. The applicant's vision compromises safe vehicle operation? Yes/No

4. Corrective lenses recommended for vehicle operation? Yes/No

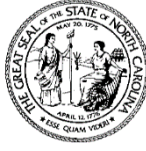
5. Corrective lenses prescribed for vehicle operation? Yes/No

This application is presented to authorize your professional evaluation. Your findings recorded on this application will make possible a complete evaluation for safe motor vehicle operation.

Vision exam completion must be within six months of application date.

Signature of Vision Specialist:		
Specialist Printed Full Name:		
Vision Specialist Address:		
Date Tested/Specialist Phone:		
Signature of Applicant:		

Must be dated, signed and returned with application



Sex Offender Affidavit

REGISTRATION REQUIREMENT FOR CERTAIN OFFENDERS

I acknowledge that the Division of Motor Vehicles has notified me that, pursuant to N.C. General Statute § 14-208.7, any person who has been convicted in any state of an offense against a minor or a sexually violent offense as defined in N.C. General Statute § 14-208.6 is required to register with the sheriff of the county where the person resides within 10 days of establishing residence in this state, or whenever the person has been present in this state for 15 days, whichever comes first.

Any person convicted of any of the above-referenced offenses must report to the Sheriff in their county of residence for a specific determination as to their requirement to register.

I certify, under penalty of perjury, that I understand my requirement to register if I have been convicted of an offense that requires registration as a sex offender.

Date: _____

Print Full Name: _____

Signature of Applicant: _____

Must be dated, signed and returned with application